

**COUNTY OF SUFFOLK
OFFICE OF THE TREASURER
HOTEL AND MOTEL REMITTANCE FORM
(PURSUANT TO CHAPTER 689 OF THE LAWS OF 1992 OF THE STATE OF NEW YORK)**

NAME OF HOTEL _____
ADDRESS _____
ID. Number: _____

NYS SALES TAX IDENTIFICATION NO. _____

Please note: This return must be filed whether
or not there is tax to be remitted.

PAYMENT SCHEDULE

QUARTERLY PAYMENT -

DUE ON OR BEFORE

- () 1. December 1 - February 28/29 March 20,
() 2. March 1 - May 31 June 20,
() 3. June 1 - August 31 September 20,
() 4. September 1 - November 30 December 20,

TYPE OF ESTABLISHMENT

_____ Hotel _____ Motel _____ Apartment Hotel _____ Bed and Breakfast _____ Other (describe)

BUSINESS ACTIVITY: Number of rooms _____ If seasonal, indicate season

If this is a FINAL PAYMENT, enter word "FINAL", date sold, and new owner's name and address:
Also if FINAL, enclose your certificate of Authority with this notice.

COMPUTATION OF TAX

1. Gross Income from Occupancy of Rooms.....	\$ _____
2. Taxable Room Rentals.....	_____
3. Less: Refunds or Other Credits.....	_____
4. Net Taxable Room Rentals.....	_____
5. County Occupancy Tax Due (3/4 of 1% of line 4).....	_____
6. Prior (Over payment) or Underpayment.....	_____
7. Penalties and Interest (** see explanation below).....	_____
8. Total County Occupancy Tax Due (Total of lines 5 through 7).....	_____

** File this return with your remittance in full for the amount of tax within 20 days after the period covered by the return to avoid imposition of penalties and interest: 5% penalty for late payment : also, 1% interest for each month or fraction thereof that payment is delinquent commencing 30 days after last filing date.

Make remittance payable to and mail to **Suffolk County Treasurer**
330 Center Drive
Riverhead, New York 11901-3311

CERTIFICATION OF TAXPAYER:

I hereby certify that this report, including any schedules, is true and complete to the best of my knowledge.

DATE: _____ SIGNATURE: _____

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TITLE: _____